



INTERNATIONAL CHRISTIAN SCHOOL OF CASCAIS

Avenida de Sintra, 1154 2750-494 CASCAIS
 PORTUGAL
 Phone : 21 484 22 79 Fax : 21 484 22 79
 Email : icsc.internationalschool@gmail.com

Office use Only
Pre-Admission

Application form _____
 Director Approval _____
 Interview Date _____
 Testing Date _____

Post Admission

Accepted _____ Date _____
 Photos _____
 Registration fee _____
 Tuition worksheet signed _____
 Prev. school records _____
 Health form _____
 Medical records _____
 Immunization Record _____
 Copy of Passport _____
 Visa or Residency _____
 Parent "contribuinte" _____

Photo

APPLICATION FORM

Applying for grade _____
 Academic year _____
 Application date _____

Student 's name: _____
 (Last) (First) (middle)

Date of Birth: _____ Age: _____ Sex: _____

Language(s) spoken: _____

Nationality: _____ Place of birth: _____

Passport #: _____ Religion: _____

Student lives with: both parents / mother / father / guardian (please underline one option)

Address : _____

Contact number: _____

Parent/Guardian Information

Father/Guardian	Mother/Guardian
Name _____	Name _____
Relationship to applicant _____	Relationship to applicant _____
Address _____	Address _____
Home phone _____	Home phone _____
Work phone _____	Work phone _____
Email _____	Email _____
Occupation _____	Occupation _____
Employer _____	Employer _____
Religion _____	Religion _____
Living at student's address? Yes _____ No _____	Living at student's address? Yes _____ No _____

Siblings

Name	Age	Current School	Applying to ICSC (yes/no)

Student Information

Last School attended _____

City _____ Country _____

Has your child ever failed or repeated a grade? _____ If yes, please elaborate :

Has your child ever been suspended? _____ Expelled? _____ Asked to withdraw? _____ If yes, please elaborate :

Has your child ever had attendance/tardiness problems? _____ If yes, please elaborate :

What concerns do you have regarding your child's progress (academic, behavioral, physical)?

Has your child ever had any remedial testing (i.e. resource room, reading difficulty, learning disability, attention deficit disorder, etc.)? If yes, Please elaborate :

Does your child have any medical condition that may affect his/her school performance? If so, please elaborate :

Describe the student's interests, talents and abilities :

What are your child's extracurricular involvements?

What expectations do you have of the education your child will be receiving at ICSC ?
